

Drug Coverage

General coverage rules are as follows:

Medicaid as a unique program covers most prescription drugs with the exceptions found [here](#). General coverage conditions under Medicaid pharmacy and the pharmacy only programs can be found [here](#).

Section II - Program Designs - 2015

Some DVHA programs include full health insurance coverage. All include a pharmacy benefit. These programs include:

DVHA Pharmacy Programs

Plan	Benefit	Potential Beneficiaries	Income Limit	Resource Limit	Monthly Premium	Beneficiary Copayment	Coinsurance
Vermont Medicaid / Dr. Dynasaur (Covers inpatient and outpatient health care and pharmacy)	Medicaid Covered Drugs, select OTC's and certain Diabetic Supplies	Medicaid: Aged / disabled, children, parents or caretakers of children. Dr. Dynasaur: income eligible, under age 18 and pregnant women	Dr. Dynasaur: up to 312% of FPL Pregnant Vermonters with incomes lower than 208% FPL are covered under Dr. Dynasaur	Applies only to Medicaid	Medicaid: None Dr. Dynasaur: \$0 - \$60	Medicaid: \$1, \$2 and \$3, depending on cost of drug. Dr. Dynasaur: no copayments. In addition, beneficiaries through age 20, nursing home residents and pregnant woman are excluded from paying copayments.	None
Healthy Vermonters (A pharmacy-benefit only program)	Beneficiary pays the state's rate for Medicaid covered drugs, select OTC's and certain Diabetic Supplies	Aged / disabled and others with no pharmacy coverage or coverage with an annual limit that has been met	Aged or disabled: up to 400% of the FPL; others: up to 350% of the FPL	None	None at this time	Beneficiary pays the state's rate for drugs	None

DVHA Pharmacy Programs for Members Eligible for Medicare

Plan	Benefit	Potential Beneficiaries	Income Limit	Monthly Premium	Beneficiary Copayment/Coinsurance
Full-Benefit Duals	Coverage of defined drugs in classes that are excluded from Medicare Part D coverage. (Note: Full-benefit duals do not have a PDP deductible, donut hole or coinsurance.)	Aged or disabled with Medicare Part D pharmacy coverage and/or creditable coverage. Resource limit applies.		None	Copayments of up to \$6.60 apply to Part D plan coverage; Copayments of \$1, \$2 and \$3, depending on cost of drug, apply to Medicare Part D excluded drugs. In addition, beneficiaries through age 20, nursing home residents and pregnant woman are excluded from paying copayments on the drugs excluded from Part D coverage.
100% LIS-eligible VPharm Members (can be VPharm 1, 2 or 3)	1) PDP copayments of no greater than \$6.60 should be billed to VPharm. Claims greater than this amount will be rejected. 2) Coverage of defined drugs in classes that are excluded from Medicare Part D coverage. (Note: 100% LIS-eligible VPharm members do not have a PDP deductible or coinsurance.)	Aged or disabled with Medicare Part D pharmacy coverage. Requires that Medicare has deemed members eligible for subsidy.	See below: Members can fall into any of the FPL categories listed below for VPharm members.	\$15/\$20/\$50 depending on VPharm plan.	Part D copayment of \leq \$6.60 should be billed to VPharm. Patient is responsible for \$1 or \$2 of the Part D copayment, depending on the cost of the drug.
VPharm 1	1) Payment of the PDP premium not covered by the Low Income Subsidy (LIS) and cost-sharing for drugs covered by beneficiary's PDP and not covered by the LIS (copayment, deductible, and coinsurance), and 2) coverage of defined drugs in classes that are excluded from Medicare Part D coverage.	Aged or disabled with Medicare D pharmacy coverage. No resource limit.	\leq 150% of the FPL	\$15 per person	Part D copayment/coinsurance should be billed to VPharm. Patient is responsible for \$1 or \$2 of the Part D copayment, depending on the cost of the drug.
VPharm 2	1) Payment of the PDP premium and cost-sharing for maintenance drugs covered by beneficiary's PDP (copayment, deductible and coinsurance, and 2) coverage of defined maintenance drugs in classes that are excluded from Medicare Part D coverage.	Aged or disabled with Medicare D pharmacy coverage. No resource limit.	$>150\%$ but $\leq 175\%$ of the FPL	\$20 per person	Part D copayment/coinsurance for maintenance drugs should be billed to VPharm. Patient is responsible for \$1 or \$2 of the Part D copayment, depending on the cost of the drug.

DVHA Pharmacy Programs for Members Eligible for Medicare (Continued)

Plan	Benefit	Potential Beneficiaries	Income Limit	Monthly Premium	Beneficiary Copayment/Coinsurance
VPharm 3	1) Payment of the PDP premium and cost-sharing for maintenance drugs covered by a beneficiary's PDP (copayment, deductible, coinsurance and "donut hole"), and 2) coverage of defined maintenance drugs, primarily OTC's, in classes excluded from Medicare Part D coverage.	Aged or disabled with Medicare D pharmacy coverage. No resource limit.	>175% but <= 225% of the FPL	\$50 per person	Part D copayment/coinsurance for maintenance drugs should be billed to VPharm. Patient is responsible for \$1 or \$2 of the Part D copayment, depending on the cost of the drug.
Healthy Vermonters with Medicare Part D Coverage	Beneficiary pays the state's rate for drugs in classes that are excluded from Medicare Part D coverage.	Aged, disabled with no pharmacy coverage other than Medicare Part D, or coverage with an annual limit that has been met. No resource limit.	Aged or disabled: up to 400% of the FPL; others up to 350%	None at this time	Beneficiary pays the state's rate for drugs

Note: Effective August 1, 2009, DVHA will only cover the cost-sharing (deductible, donut hole and coinsurance) for select statins (HMG COA reductase inhibitors) and proton pump inhibitors (PPIs) for VPharm Part D-eligible beneficiaries. • Statins – all dosage strengths of simvastatin, lovastatin and pravastatin. • PPIs – omeprazole and pantoprazole generic RX 20 mg and 40 mg • Most of the drugs no longer covered by VPharm under this pilot do not require prior authorization (PA) from the Part D Plans. However, if a beneficiary obtains a PA from his/her Part D Plan, the drug will continue to be covered by VPharm. • A VPharm coverage exception may be possible for a non-covered drug but only when a prescriber can provide, through the DVHA exception process, a detailed explanation regarding drugs that were either found to be ineffective or resulted in adverse or harmful side effects, or were expected to be ineffective or result in harmful or adverse side effects.

DVHA Over-The-Counter (OTC) Pharmacy Coverage

Vermont Medicaid, Dr. Dynasaur (Medicaid by 1115 Waiver), State Children's Health Insurance Program (SCHIP)	<ol style="list-style-type: none"> 1. Manufacturer rebate required. 2. OTC coverage requires a prescription, and the drug must be part of the medical treatment for a specific current health problem. 3. Prior authorization and other limitations of the Preferred Drug list (PDL) may apply. 4. Coverage is limited to generic drug formulations except as specified in the PDL
VPharm 1 (100% State funded for deductible, coverage gap, coinsurance and copayments)	<ol style="list-style-type: none"> 1. Manufacturer rebate required. 2. OTC coverage limited to those drugs that are not covered by PDP. A prescription is required, and the drug must be part of the medical treatment for a specific current health problem. There is no coverage for OTC proton pump inhibitors. 3. Prior authorization and other limitations of the Preferred Drug list (PDL) may apply. 4. Coverage is limited to generic drug formulations except as specified in the PDL
VPharm 2 & 3 (100% State funded for deductible, coverage gap coinsurance and copayments)	<ol style="list-style-type: none"> 1. Maintenance drug coverage only. 2. Manufacturer rebate required. 3. OTC coverage limited to diabetic supplies, loratadine, cetirizine and non-steroidal anti-inflammatory analgesics (NSAIDS) when not covered by PDP. A prescription is required, and the drug must be part of the medical treatment for a specific current health problem. 4. Prior authorization and other limitations of the Preferred Drug list (PDL) may apply. 5. Coverage is limited to generic drug formulations.